Status: Finalized

I. Hospital Information

Hospital Name: COMMUNITY HOSPITAL SOUTH

Provider #: 150128

City: Indianapolis

County: Marion

Year: 2014

Person Completing the Report: Paul Klassen

Email Address: pklassenii@ecommunity.com

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: ✓ Acute License □ LTC Certification

Private Accreditation: JCAHO HFAP

CMS Specialized Hosp: \square CAH \square TLC \square Rehab

DRG Exempt: □ Psych □ Rehab □ Swing Bed

Number of Total Hospital Full Time Equivalents 719

II. Hospital Service Utilization

Hospital Service Description	Number of Set- up Beds	Number of Discharges	Number of Patient Days	Annual Total Charges
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Medical/Surgical	36	1384	7863	\$20,108,615
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	93	5341	18182	\$24,467,169
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	25	1687	4553	\$19,571,010
Pediatric	0	0	0	\$0
Psychiatric	4	130	232	\$448,002
Rehabilitation	0	0	0	\$0

Substance Abuse	0	0	0	\$0
Swing Bed Program	NA	0	0	\$0
Extended Care	0	0	0	\$0
Observation Beds	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	158	8542	30830	NA

III. Nursing Facility Utilization

	Number of Licensed Beds	Number of Discharges	Number of Patient Days
Nursing Facility	0	0	0

IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

Diagnostic Categories	Number of Encounters	Diagnostic Categories	Number of Encounters
Infectious Disease	938	HIV	3
Neoplasms	3023	Endocrine	1497
Diseases of Blood	778	Mental Disorders	1357
Nervous	3304	Circulatory	10081
Respiratory	5047	Digestive Diseases	3293
Genitourinary	6813	Pregnancy	4031
Skin	1684	Musculoskeletal	9220
Congenital	189	Perinatal	359
All Injuries	9056		
Other/Known	44186	Total Encounters	104859

Total ED Visits	ED Injury Visits	ED Injury Admissions
45694	13082	1064

Comments